

B5 (Official Form 5) (12/07)

FORM 5. INVOLUNTARY PETITION

United States Bankruptcy Court		INVOLUNTARY PETITION
Northern District of Illinois		
IN RE (Name of Debtor - If Individual: Last, First, Middle) Salon Styling Concepts, Ltd.		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
Last four digits of Social-Security or other Individual's Tax-ID No./Complete EIN (If more than one, state all.) 45-2752716		<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 150px;"> FILED <small>UNITED STATES BANKRUPTCY COURT</small> <small>NORTHERN DISTRICT OF ILLINOIS</small> APR 23 2015 JEFFREY P. ALLSTEADT, CLERK PS REP. - CA </div>
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 2230 Landwehr Rd. Northbrook, IL 60062		
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Cook		
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or 3.b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY

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Name of Debtor Salon Styling Concepts, Ltd.

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X [Signature]
Signature of Petitioner or Representative (State title)

Tina Kim 4/22/2015
Name of Petitioner Date Signed

Name & Mailing Tina Kim
Address of Individual 2230 Landwehr Rd.
Signing in Representative Northbrook, IL 60062
Capacity

X [Signature] 4/23/15
Signature of Attorney Date

David J. Schwab
Name of Attorney Firm (If any)

Ralph, Schwab & Schiever, Chtd.
175 E. Hawthorn Parkway, Suite 345
Vernon Hills, IL 60061
Address
Telephone No. (847) 367-9699

X _____
Signature of Petitioner or Representative (State title)

John Park
Name of Petitioner Date Signed

Name & Mailing John Park
Address of Individual 1625 N. Milwaukee Ave.
Signing in Representative Glenview, IL 60025
Capacity

X _____
Signature of Attorney Date

David J. Schwab
Name of Attorney Firm (If any)

Ralph, Schwab & Schiever, Chtd.
175 E. Hawthorn Parkway, Suite 345
Vernon Hills, IL 60061
Address
Telephone No. (847) 367-9699

X _____
Signature of Petitioner or Representative (State title)

Esther Shin
Name of Petitioner Date Signed

Name & Mailing Esther Shin
Address of Individual P.O. Box 59287
Signing in Representative Chicago, IL 60659
Capacity

X _____
Signature of Attorney Date

David J. Schwab
Name of Attorney Firm (If any)

Ralph, Schwab & Schiever, Chtd.
175 E. Hawthorn Parkway, Suite 345
Vernon Hills, IL 60061
Address
Telephone No. (847) 367-9699

PETITIONING CREDITORS

Name and Address of Petitioner Tina Kim 2230 Landwehr Rd. Northbrook, IL 60062	Nature of Claim Loans to the Company	Amount of Claim 411,956.26
Name and Address of Petitioner John Park 1625 N. Milwaukee Ave. Glenview, IL 60025	Nature of Claim Loans to the Company	Amount of Claim 552,266.75
Name and Address of Petitioner Esther Shin P.O. Box 59287 Chicago, IL 60659	Nature of Claim Loans to the Company	Amount of Claim 100,000.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 1,440,773.01

Name of Debtor Salon Styling Concepts, Ltd.

B5 (Official Form 5) (12/07) - Page 2

Case No. _____

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X _____
Signature of Petitioner or Representative (State title)

Tina Kim
Name of Petitioner Date Signed

Name & Mailing Address of Individual
Tina Kim
2230 Landwehr Rd.
Northbrook, IL 60062
Signing in Representative Capacity

X _____
Signature of Attorney Date

David J. Schwab
Name of Attorney Firm (If any)

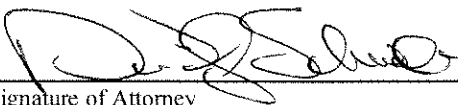
Ralph, Schwab & Schiever, Chtd.
175 E. Hawthorn Parkway, Suite 345
Vernon Hills, IL 60061

Address
Telephone No. (847) 367-9699

X 
Signature of Petitioner or Representative (State title)

John Park
Name of Petitioner Date Signed 4/22/2015

Name & Mailing Address of Individual
John Park
1625 N. Milwaukee Ave.
Glenview, IL 60025
Signing in Representative Capacity

X  4/23/15
Signature of Attorney Date

David J. Schwab
Name of Attorney Firm (If any)

Ralph, Schwab & Schiever, Chtd.
175 E. Hawthorn Parkway, Suite 345
Vernon Hills, IL 60061

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Telephone No. (847) 367-9699

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Signature of Petitioner or Representative (State title)

Esther Shin
Name of Petitioner Date Signed

Name & Mailing Address of Individual
Esther Shin
P.O. Box 59287
Chicago, IL 60659
Signing in Representative Capacity

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Signature of Attorney Date

David J. Schwab
Name of Attorney Firm (If any)

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175 E. Hawthorn Parkway, Suite 345
Vernon Hills, IL 60061

Address
Telephone No. (847) 367-9699

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Tina Kim 2230 Landwehr Rd. Northbrook, IL 60062	Loans to the Company	411,956.26
John Park 1625 N. Milwaukee Ave. Glenview, IL 60025	Loans to the Company	552,266.75
Esther Shin P.O. Box 59287 Chicago, IL 60659	Loans to the Company	100,000.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 1,440,773.01

1 continuation sheets attached

Name of Debtor Salon Styling Concepts, Ltd.

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Signature of Petitioner or Representative (State title)

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Name of Petitioner Date Signed

Name & Mailing Address of Individual
Tina Kim
2230 Landwehr Rd.
Northbrook, IL 60062
Signing in Representative Capacity

X _____
Signature of Attorney Date

David J. Schwab
Name of Attorney Firm (If any)

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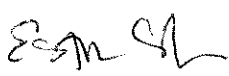
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Name & Mailing Address of Individual
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1625 N. Milwaukee Ave.
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Signature of Attorney Date

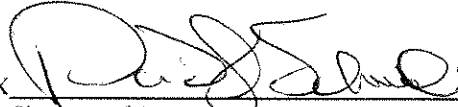
David J. Schwab
Name of Attorney Firm (If any)

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Telephone No. (847) 367-9699

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Signature of Petitioner or Representative (State title)

Esther Shin 4/22/2015
Name of Petitioner Date Signed

Name & Mailing Address of Individual
Esther Shin
P.O. Box 59287
Chicago, IL 60659
Signing in Representative Capacity

X  4/23/15
Signature of Attorney Date

David J. Schwab
Name of Attorney Firm (If any)

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Vernon Hills, IL 60061
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1 continuation sheets attached

Name of Debtor: Salon Styling Concepts, Ltd.

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X Brian Sohn Kyung Nam Ko X David J. Schwab 4/23/15
Signature of Petitioner or Representative (State title) Signature of Attorney Date

SKCPA LLC 4/23/15 David J. Schwab
Name of Petitioner Date Signed Name of Attorney Firm (If any)
Name & Mailing Brian Sohn Ralph, Schwab & Schiever, Chtd.
Address of Individual SKCPA LLC 175 E. Hawthorn Parkway, Suite 345
Signing in Representative 6116 N. Lincoln Ave. Vernon Hills, IL 60061
Capacity Chicago, IL 60659 Address
Telephone No. (847) 367-9699

X _____ X _____
Signature of Petitioner or Representative (State title) Signature of Attorney Date

NJ Electronics Co., Ltd. David J. Schwab
Name of Petitioner Date Signed Name of Attorney Firm (If any)
Name & Mailing Joshua Lee Ralph, Schwab & Schiever, Chtd.
Address of Individual NJ Electronics Co., Ltd. 175 E. Hawthorn Parkway, Suite 345
Signing in Representative F1 Jiam B/D #143-6, Ohkum-Dong Vernon Hills, IL 60061
Capacity Songpagu, Seoul Korea Address
Telephone No. (847) 367-9699

X _____ X _____
Signature of Petitioner or Representative (State title) Signature of Attorney Date

Name of Petitioner Date Signed Name of Attorney Firm (If any)
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____ Address
Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner SKCPA LLC 6116 N. Lincoln Ave. Chicago, IL 60659	Nature of Claim Services to the Company	Amount of Claim 1,050.00
Name and Address of Petitioner NJ Electronics Co., Ltd. F1 Jiam B/D #143-6, Ohkum-Dong Songpagu, Seoul Korea. 138-130	Nature of Claim Sale of products to the Company	Amount of Claim 375,500.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
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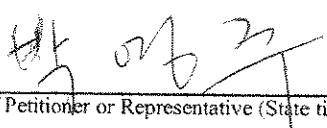
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Signature of Petitioner or Representative (State title)

SKCPA LLC
Name of Petitioner Date Signed

Name & Mailing Address of Individual Signing in Representative Capacity
Brian Sohn
SKCPA LLC
6116 N. Lincoln Ave.
Chicago, IL 60659


X _____
Signature of Attorney Date

David J. Schwab
Name of Attorney Firm (If any)
Ralph, Schwab & Schiever, Chtd.
175 E. Hawthorn Parkway, Suite 345
Vernon Hills, IL 60061
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Telephone No. (847) 367-9699

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Signature of Petitioner or Representative (State title)

NJ Electronics Co., Ltd.
Name of Petitioner Date Signed

Name & Mailing Address of Individual Signing in Representative Capacity
Joshua Lee
NJ Electronics Co., Ltd.
F1 Jiam B/D #143-6, Ohkum-Dong
Songpogu, Seoul Korea

X  4/23/15
Signature of Attorney Date

David J. Schwab
Name of Attorney Firm (If any)
Ralph, Schwab & Schiever, Chtd.
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Name of Attorney Firm (If any)
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Telephone No. _____

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